

GLENHAVEN, INC.

612 EAST OAK STREET

GLENWOOD CITY 54013

Phone: (715) 265-4555

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 44

Total Licensed Bed Capacity (12/31/03): 44

Number of Residents on 12/31/03: 39

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

Yes

Yes

41

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		10.3
Supp. Home Care-Personal Care	No					1 - 4 Years		51.3
Supp. Home Care-Household Services	No	Developmental Disabilities	7.7	Under 65	2.6	More Than 4 Years		23.1
Day Services	No	Mental Illness (Org./Psy)	48.7	65 - 74	5.1			----
Respite Care	Yes	Mental Illness (Other)	20.5	75 - 84	23.1			84.6
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	56.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	15.4	65 & Over	97.4	-----		
Transportation	No	Cerebrovascular	2.6	-----	----	RNs		11.5
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		5.9
Other Services	No	Respiratory	0.0	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.1	Male	30.8	Aides, & Orderlies		
Mentally Ill	Yes	-----	----	Female	69.2			
Provide Day Programming for			100.0		----			
Developmentally Disabled	Yes				100.0			

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## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.6	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Skilled Care	2	100.0	327	25	89.3	118	0	0.0	0	9	100.0	120	0	0.0	0	0	0.0	0	36	92.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	2	7.1	168	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	5.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		28	100.0		0	0.0		9	100.0		0	0.0		0	0.0		39	100.0

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Admissions, Discharges, and Deaths During Reporting Period						
Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03						
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
				One Or Two Staff	Dependent	Residents
Private Home/No Home Health	23.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	53.8	46.2	39
Other Nursing Homes	5.1	Dressing	5.1	84.6	10.3	39
Acute Care Hospitals	71.8	Transferring	20.5	59.0	20.5	39
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	17.9	61.5	20.5	39
Rehabilitation Hospitals	0.0	Eating	38.5	48.7	12.8	39
Other Locations	0.0	*****				
Total Number of Admissions	39	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.6	Receiving Respiratory Care		12.8
Private Home/No Home Health	11.6	Occ/Freq. Incontinent of Bladder	61.5	Receiving Tracheostomy Care		2.6
Private Home/With Home Health	2.3	Occ/Freq. Incontinent of Bowel	28.2	Receiving Suctioning		0.0
Other Nursing Homes	2.3			Receiving Ostomy Care		5.1
Acute Care Hospitals	46.5	Mobility		Receiving Tube Feeding		5.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.6	Receiving Mechanically Altered Diets		41.0
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	0.0	Skin Care		Have Advance Directives		100.0
Deaths	37.2	With Pressure Sores	10.3	Medications		
Total Number of Discharges		With Rashes	12.8	Receiving Psychoactive Drugs		51.3
(Including Deaths)	43					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.2	92.0	1.01	84.7	1.10	88.1	1.06	87.4	1.07
Current Residents from In-County	56.4	85.9	0.66	77.5	0.73	82.1	0.69	76.7	0.74
Admissions from In-County, Still Residing	10.3	22.1	0.46	25.1	0.41	20.1	0.51	19.6	0.52
Admissions/Average Daily Census	95.1	138.9	0.68	104.2	0.91	155.7	0.61	141.3	0.67
Discharges/Average Daily Census	104.9	139.5	0.75	107.9	0.97	155.1	0.68	142.5	0.74
Discharges To Private Residence/Average Daily Census	14.6	64.3	0.23	28.9	0.51	68.7	0.21	61.6	0.24
Residents Receiving Skilled Care	94.9	96.1	0.99	93.8	1.01	94.0	1.01	88.1	1.08
Residents Aged 65 and Older	97.4	96.4	1.01	95.8	1.02	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	71.8	55.4	1.30	56.9	1.26	61.7	1.16	65.9	1.09
Private Pay Funded Residents	23.1	32.6	0.71	33.8	0.68	23.7	0.97	21.0	1.10
Developmentally Disabled Residents	7.7	0.6	13.34	1.4	5.46	1.1	6.94	6.5	1.18
Mentally Ill Residents	69.2	36.2	1.91	38.3	1.81	35.8	1.93	33.6	2.06
General Medical Service Residents	5.1	24.3	0.21	16.9	0.30	23.1	0.22	20.6	0.25
Impaired ADL (Mean)	53.8	50.5	1.07	50.8	1.06	49.5	1.09	49.4	1.09
Psychological Problems	51.3	58.5	0.88	56.3	0.91	58.2	0.88	57.4	0.89
Nursing Care Required (Mean)	11.2	6.8	1.64	6.9	1.63	6.9	1.62	7.3	1.53